

# **Annual Special Weight Vehicle Registration and/or Quarterly Billing Authorization Guidelines**

## **WHO SHOULD FILE**

You should file this form if you are operating any vehicle, or combination of vehicles, having a total gross weight over eighty thousand (80,000) pounds, but no more than one hundred thirty-four thousand (134,000) pounds, and you want a permit to travel on designated "extra heavy duty highways". These kinds of vehicles are commonly referred to as "Michigan Trains".

File this Form M-211 to:

- (1) Register annually, and;
- (2) Pay a \$25.00 registration fee.

After filing this form, you must also:

- (3) receive & install a transponder in the vehicle, and;
- (4) obtain a special weight permit to travel on an extra heavy duty highway (designated routes).

NOTE: Once we receive and process your registration form we will send you information concerning transponders.

## **FIRST TIME APPLICANTS**

If this is the first time that you have registered an oversized or overweight vehicle in Indiana, you will need to complete a Transporting Agreement, Form M-203.

## **PROOF OF INSURANCE**

Every legal entity that has completed an oversized or overweight permit application of *any type* must provide satisfactory evidence of financial responsibility. In other words, you need to document your financial preparedness to respond to damages to the highway or bridge.

Consequently, you must provide one of the following:

- (1) Automobile liability insurance which is valid for the calendar year during which the permits are valid. This means we need a copy of a Certificate of Insurance that details the insurance company, policy number, effective dates, name and address of the insured, and the amount of coverage. The certificate must name the State of Indiana as the certificate holder.
- (2) If you are a member of the Single State Registration System (SSRS), provide a form B.M.C. 91X.
- (3) If you are not a member of the SSRS, but you are an Intrastate Carrier who has Indiana Motor Carrier Operating Authority, provide a State Form E.

## **SECTION A**

Complete lines 1 through 10 making sure that the information matches the company information on your Transporting Company Agreement, Form M-203, and your insurance documentation. Pay special attention to line 8, and make sure the Federal Employer Identification Number (FEIN) is correct. NOTE: If you are a sole proprietor not required by federal law to obtain an FEIN, you must enter your social security number here.

## **SECTION B**

Enter the make of tractor and serial number for each vehicle you are registering. The serial number is the last five (5) digits of the vehicle identification number (VIN).

## **SECTION C**

Carriers are allowed to pay for their permits quarterly, rather than each time they order a permit. If you want to pay for your permits quarterly, check the box in Section C on the face of this return and provide a bond. The bond amount must equal or exceed the maximum estimated number of special weight trip authorization permits that will be ordered during any calendar quarter, times \$42.50. The bond must be in effect for the entire calendar year. Use Form M-215 to secure your bond.

## **PERMIT REQUESTS**

Once you have a Transporting Company Agreement (Form M-203) on file, have provided satisfactory proof of insurance, and have filed this form, Form M-211, you may request special weight trip authorization permits by either contacting our office at (317) 615-7320, faxing your permit request to (317) 821-2336, or by calling our 24 hour, toll free Voice Response Unit (VRU) at (888) 205-7928. If you want to use the VRU, contact our office and ask for the VRU application form.

## **PERMIT FEES**

The annual registration fee for Special Weight Vehicles is \$25.00 per company. The Trip Authorizations are \$42.50 per movement and are paid either at the time the permit is requested, or on a quarterly basis. See the instructions for Section C if you are interested in quarterly payment provisions. Otherwise, you must pay for permits at the time the permit is requested. To do this, you must have a credit card or checks on file with our office. To put checks or a credit card on file, please call (317) 615-7294. If you prefer not to have your credit card on file, you may supply your credit card information each time the permit is requested.

## **PENALTIES**

If a person is apprehended operating a vehicle(s) with an excess weight, the vehicle(s) may be detained, pending compliance, and a bond may have to be posted until all fines and costs are paid. Repeated violations may result in suspension from the use of the highways, and revocation of other licenses, certificates, and operating privileges. Consult your Oversized/Overweight Vehicle Permitting handbook or Indiana law for more details on violations and penalties.

Mail this form, and your annual registration fee of \$25.00 to:

**Indiana Department of Revenue  
OS/OW Section  
PO Box 6175  
Indianapolis, IN 46206-6175**

**FORM M-211**

State Form 47864

Revised 10/01

*Indiana Department of Revenue***Annual Special Weight Vehicle Registration  
and/or  
Quarterly Billing Authorization Application**

*Important: All Special Weight ("Michigan Train") carriers must register annually.  
See Guidelines on the back of this form.*

**Section A** (Must be completed by all Special Weight Carriers)

1. Company Name:	2. Company Number:	3. Telephone Number:
4. Company Address:	5. City:	6. State: 7. Zip Code:
8. FEIN:	9. For Calendar Year 20____	10. USDOT Number:

**Section B** (Must be completed by all Special Weight Carriers)

11. Enter the vehicles you are registering. We need this information in order to ensure that you have the required transponders in your vehicle(s). List each tractor you are registering and the serial number below. Attach additional sheets, if necessary.

**MAKE OF TRACTOR:**


**SERIAL # OF TRACTOR:** (LAST 5 DIGITS OF VIN)


**Section C**

Special Weight Carriers who wish to pay for their permits quarterly need to check this box to indicate that you are requesting quarterly billing authorization. ☐

Under penalties of perjury, I declare that I have examined this document and to the best of my knowledge it is true, correct, and complete.

**Annual Fee Due: \$25.00**

Please include your check,  
payable to the Indiana Department of Revenue.

\_\_\_\_\_  
Signature of Responsible Officer\_\_\_\_\_  
Date